



**OFFICE OF THE CHIEF PROCUREMENT OFFICER
COUNTY OF COOK**

118 NORTH CLARK ST. ROOM 1018
CHICAGO, ILLINOIS 60602-1375
(312) 603-5370

THIS PURCHASE ORDER NUMBER
MUST APPEAR ON ALL PACKAGES,
INVOICES, SHIPPING PAPERS AND
DROP SHIPMENTS.

PURCHASE ORDERED ISSUED TO

785604

The Standard Companies
2601 S Archer Ave
Chicago IL 60608

DATE

5/5/2014
F.O.B. POINT

PURCHASE ORDER NO.

188406 - 000- OP

REQUISITION NO.

00111731 OR

**COOK COUNTY FEIN: 36-6006541
ILLINOIS SALES TAX EXEMPT: E-9998-2013-04
FEDERAL EXCISE TAX EXEMPT CERT: 36-75-D038K**

SHIP TO Medical Examiner
Robert J. Stein Institute
2121 W. Harrison RM 143
Chicago IL 60612-3706

DELIVERY INSTRUCTIONS

MEDICAL EXAMINER OFFICE
NADINE JAKUBOWSKI(312)997-4481

DEPT NO

2590886

Page 1 of 1

LINE	FURNISH THE FOLLOWING SUPPLIES AND/OR SERVICE	QUANTITY/ UOM	UNIT PRICE	EXTENDED PRICE	ACCOUNT NUMBER
1.00	WINDOW WASHING SERVICES CONTRACT PERIOD: 4/1/2014 through 3/31/2017 WINDOW ARE TO CLEANED FIVE (5) TIMES EACH YEAR DURING CONTRACT PERIOD. VENDOR TO CLEAN ALL INTERIOR AND EXTERIOR WINDOWS. CONTRACTOR TO FURNISH ALL LABOR, SUPPLIES, SAFETY BARRICADES, ETC., NECESSARY TO WASH GLASS WINDOWS. THE SERVICE SHALL BE PERFORMED IN A FIRST CLASS, HIGH QUALITY TRADE PRACTICE WORKMAN-LIKE MANNER. THE CONTRACTOR SHALL PROVIDE WORKERS IN SUFFICIENT NUMBERS AND ADEQUATE PHYSICAL CONDITION TO ACCOMPLISH THE CLEANING DUTIES. THE CONTRACTOR SHALL REQUIRE THAT ALL MEMBERS OF THE CLEANING CREW WEAR PROPER IDENTIFICATION WHILE ON PREMISES. ALL INTERIOR WINDOWS WITH BLINDS MUST BE OPENED AND CLEANED. ALL INSIDE SURFACES OF ALL PANELS AND GLASS DOORS, SHOWCASES AND SKYLIGHTS, INTERIOR AND EXTERIOR ARE INCLUDED. NOTE; \$800.00 PER VISIT X 5 VISIT PER YEAR = \$4,000.00	3.00 YR	4,000.0000	12,000.00	2590886.520430
		***** Total Order *****		12,000.00	

NOTE: VENDOR AGREES NOT TO EXCEED THE QUANTITY OR DOLLAR AMOUNT OF THIS ORDER WITHOUT WRITTEN AUTHORIZATION FROM THE CHIEF PROCUREMENT OFFICER

RECEIPT CERTIFICATION (FOR DEPARTMENT USE ONLY)

I hereby certify that I have received the goods/services reflected above and that the
items referenced are in full conformity with the purchase order/contract.

Authorized Signature:

Date:

I hereby certify that this purchase is in agreement with the requisition
on file authorizing the expenditure and is properly approved.

CHIEF PROCUREMENT OFFICER

Date:

John E. Allen Co May 2014
EXH

Purchase Requisition Office of the Purchasing Agent Cook County of Illinois

Purchase Order Number
1884406

Requisition # **OR 111731** Contract # **1435-13350**

Ship To: 8000739 Medical Examiner Robert J. Stein Institute 2121 W. Harrison RM 143 Chicago IL 60612-3706

Delivery Instructions: MEDICAL EXAMINER OFFICE
NADINE JAKUBOWSKI(312)997-4481

Supplier: 289999 TEAM LEAD MAILBOX

Buyer Number 724150 Supervisor 40
Bid/Sole Src Code NCR
Business Unit 2590886
Internal Req Number 42590034
Board App Date & Item
Requestion Date 12/18/2013
Date Needed 12/18/2013

One Time Purchase Yes No Covers Need for months Specific Period of time 991-4481 thru Prior Contract No. Expiration Date Emergency No.

Line # Commodity Description

Bal. on Hand

Quantity UOM

Est Unit Cost

Extended Cost

Business Unit and Object Account

1.000 961

WINDOW WASHING

SERVICES

<

>

448 2.333

7,000.00

2590886.520430

CONTRACT PERIOD: DATE AWARDED
WINDOW ARE TO CLEANED FIVE (5) TIMES EACH YEAR DURING CONTRACT PERIOD.

VENDOR TO CLEAN ALL INTERIOR AND EXTERIOR WINDOWS.

CONTRACTOR TO FURNISH ALL LABOR, SUPPLIES, SAFETY BARRICADES, ETC., NECESSARY TO WASH GLASS WINDOWS.

THE SERVICE SHALL BE PERFORMED IN A FIRST CLASS, HIGH QUALITY TRADE PRACTICE WORKMAN-LIKE MANNER.

THE CONTRACTOR SHALL PROVIDE WORKERS IN SUFFICIENT NUMBERS AND ADEQUATE PHYSICAL CONDITION TO ACCOMPLISH THE CLEANING DUTIES.

THE CONTRACTOR SHALL REQUIRE THAT ALL MEMBERS OF THE CLEANING CREW WEAR PROPER IDENTIFICATION WHILE ON PREMISES.

ALL INTERIOR WINDOWS WITH BLINDS MUST BE OPENED AND CLEANED.

ALL INSIDE SURFACES OF ALL PANELS AND GLASS DOORS, SHOWCASES AND SKYLIGHTS, INTERIOR AND EXTERIOR ARE INCLUDED.

THE CONTRACTOR MUST PAY ALL WAGES, HEALTH & WELFARE AND FRINGE BENEFITS AS SET FORTH BY THE BUILDING OWNERS AND SERVICE EMPLOYEES LOCAL UNION NO. 1

Total of Items Ordered 7,000.00

3924
NADINE JAKUBOWSKI

CERTIFICATION

I hereby certify that the items and/or services above are necessary to this department (or institution) and that the dep't. no., account & activity numbers indicated above accurately reflect the specific line item budget appropriation approved by the Board of County Commissioners and there is a sufficient unencumbered balance in the account to grant same.

CCA

APPROVED BUDGETARY ACCOUNT

PURCHASING USE ONLY

ACCT #

DATE

BY

REQUISITIONER

BUREAU OF DEPARTMENT HEAD

DATE

BY

Nadine H. Jakubowski
CEA